

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

REC'D 6/20
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 843-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Miller William Alan MI
Last First MI

2. BUSINESS PHONE _____

3. BUSINESS ADDRESS
Street and No. _____ City _____ State _____ Zip _____

MAILING ADDRESS
Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS
Street and No. _____ City _____ State _____ Zip _____

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Taylor, Porter, Brooks & Phillips, L.L.P.
Address P.O. Box 2471 Baton Rouge LA 70821
Business or purpose Tax Lawyer

New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of Aug 30, 2000

FOR OFFICE USE ONLY
Postmark Date: 7-6-00

1 Secy
Jennings
JL 5839
JL 1022
PSB

1001460

SUPPLEMENTAL REGISTRATION FORM

682141
Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

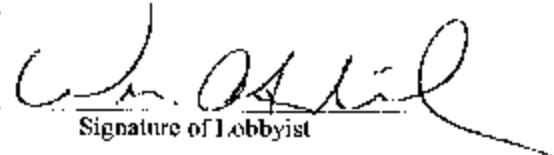
New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.



John Doe
Signature of Lobbyist